

TOWN OF DAVIE
6591 S.W. 45 STREET
DAVIE, FLORIDA 33314
(954)797-1112

HOME OCCUPATIONAL LICENSE APPLICATION

INSTRUCTIONS: For each Business Location in the Town of Davie, please complete an application. Once completed, return the application to the Occupational License division located at Town Hall.

APPLICANTS: COMPLETE BOTH SIDES OF APPLICATION

BUSINESS NAME: J & P WILLIAMS ENTERPRISES INC DBA DAVIE "HEY" MAN
BUSINESS STREET ADDRESS: 14050 SW 37 CT DAVIE FLA ZIP 33330
BUSINESS MAILING ADDRESS: 14050 SW 37 CT DAVIE FLA ZIP 33330
BUSINESS PHONE: 382-0058
DESCRIBE TYPE OF BUSINESS: Phone and mail use only from home
DELIVERY OF HAY, SAND, ROCK, AND SHAVINGS. ALSO THE
REMOVAL OF HORSE MANURE FROM BARNs AROUND THE DAVIE AREA.
BUSINESS IS: Corporation ☒ Sole Proprietor ☐ Partnership ☐

| Owner/Officer (s) | Home Address | City/Zip | Phone# |
|-----------------------------|--------------------------|--------------------|-----------------|
| 1. <u>JOANN C WILLIAMS</u> | <u>14050 SW 37 COURT</u> | <u>DAVIE 33330</u> | <u>382-0058</u> |
| 2. <u>PETER H. WILLIAMS</u> | <u>14050 SW 37 COURT</u> | <u>DAVIE 33330</u> | <u>382-0058</u> |

Federal ID Number or Social Security Number _____

I understand that this is an application for a home occupational license in the Town of Davie and I may not conduct any business at this location until I have received the license itself. I further understand that this license upon issuance, is valid until September 30, 2002, and must be renewed before October 1st.

This application for home occupational license allows mail and telephone use only, no signs or exterior storage, no on-site employees are permitted.

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|---|--|--|--|
| <u>J. C. Williams</u> Print Owner or Officers Name and Title | | <u>J. C. Williams</u> Signature of Owner or Officer | |
| Office Use Only: Date <u>11/13/01</u> Category <u>13500</u> | | Fee Exempt per Sec. 13-13 <input type="checkbox"/> Fee <u>\$110.25</u> Rec# _____ New <input type="checkbox"/> Trans <input type="checkbox"/> | |
| License # <u>02-15976</u> Control # <u>13369</u> | | Zoning <u>R-1</u> (Sunny Lane Farms) Date <u>11/26/01</u> | |
| Council approval Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | Zoning Approval <u>Jat</u> | |
| Town Council Date _____ | | Approved _____ Denied _____ | |
| Tabled To _____ | | Approved _____ Denied _____ | |
| OCCUPATIONAL LICENSE DEPARTMENT APPROVAL _____ | | | |

8/00

OWNER SIGNATURE REQUIRED ON BACK OF APPLICATION